

**2004 YORKTOWN
FOURTH OF JULY CELEBRATION
VOLUNTEER REGISTRATION FORM**

T-SHIRT SIZE
Check One
☐ S ☐ M ☐ L
☐ XL ☐ XXL ☐ XXXL

Name: _____

Address: _____

City, ST, Zip: _____

Email Address: _____

Home Phone: _____ Fax: _____

Cell Phone: _____ Work Phone: _____

Indicate area(s) in which you would be interested in volunteering:

☐ I would like to become more involved with the Celebration Committee.

☐ Arts and Crafts

☐ Car Show

☐ Committee

☐ Concessions

☐ Entertainment

☐ Parade

☐ Parking

☐ Souvenir Sales

☐ Trolley Host/Attendant

☐ Young Peoples' Activities

☐ Other

(Specify) _____

Age (Circle One): 12-16 17-20 21+

Number of hours available: _____

Please specify any special requirements or health concerns: _____

Indemnity/Medical Release (Signature Required)

I (we) the below signed certify (1) that I (we) agree to assume all risks in connection with the above activity and do hereby release, absolve, indemnify, and hold harmless the Yorktown Fourth of July Committee, Inc., the National Park Service, Colonial National Historical Park, and the County of York and its employees/representatives in the above activity, and (2) that the responsibility for carrying appropriate medical plans including hospitalization lies with the below signed.

X _____
Signature or Signature of Parent/Guardian

Date: _____

Media Release (Signature Required)

I (we) give permission for activity videos and photographs to be taken of the program participant for use by public media as well as official County of York publicity, such as York County Government Cable Channel, County of York web site, publications, displays, and presentations.

X _____
Signature or Signature of Parent/Guardian

Date: _____

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VOLUNTEER REGISTRATION FORM**

Name: _____

Address: _____

City, ST, Zip _____

Email Address: _____

Telephone: _____ Fax: _____ Cell Phone: _____

INDICATE AREAS IN WHICH YOU WOULD BE INTERESTED IN VOLUNTEERING:

- | | |
|--|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Souvenir Sales |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Young Peoples' Activities |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Miscellaneous |

☐ I would like to become more involved with the Celebration Committee.

AGE (Circle One): 12-16 17-20 21+ NUMBER OF HOURS AVAILABLE: _____

TIME(S) AVAILABLE: _____

PLEASE SPECIFY ANY SPECIAL REQUIREMENTS: _____

Mail to: Fourth of July Committee, P. O. Box 444, Yorktown, Virginia 23690